HEARING NOTICE FORM LETTER CIVIL RULE 16.1

		Date:	
Plaint	iff (s) Counsel Name iff Counsel Address iff Counsel Address	Defense Counsel Name(s) Defense Counsel Address Defense Counsel Address	
		ion No: Judge's initials:	
		VS.	
Dear (	Counsel:		
at:	This will confirm that a	n ADR Hearing in this case will be held on: [date .	e]
insura	and the ADR Practitione nce coverage must be de	(a)(6), all exhibits and pleadings must be provided to ron or before [date] . All role leted in any documents sent to the ADR Practitioner quickly as possible so they may be served prior to the	eferences to . Further, all
hearin		fee is due and must be paid to the Prothonotary	/ prior to the
		Very truly yours:	
		ADR Practitioner	

cc: Civil Case Manager